



# Conflict of Interest

## CANDIDATE

### Statement of Financial Interest

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S.D. SEC. OF STATE

#### Candidates who files:

**State and Federal Office** candidates (United States Senate, United States House of Representatives, Governor, State Legislator, circuit court judge and Supreme Court Justice [SDCL 12-25-28](#));

**Convention Nominee** candidates (Lieutenant Governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands [SDCL 12-25-29](#)), and

**Local Office** candidates (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1<sup>st</sup> class municipality [SDCL 12-25-30](#))

**Deadline to file:** Within **15 days** after filing nominating petitions (Supreme Court Justice files within 15 days of notifying Secretary of State of his intention to place his name on the retention ballot) or certification of convention nomination.

**File with:** The Secretary of State **except local candidates** file with the office where they file their nominating petition.

#### **Please print:**

Full Name

Sherry Bea Smith

Complete Address

21656 Custer Trail, Menom, SD 57759

Office Sought (list District number if applicable)

Senate Seat, District 31

What is your occupation/profession?

Retired Registered Nurse

List any source of funds (business or economic relationship) which contributes **more than 10%** of or **more than \$2,000** to your family's (includes spouse, minor children living at home) **gross income** in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock**. Identify who receives the income from each enterprise but do not include the value. ([SDCL 12-25-27](#))

*\*The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.*

Name of Candidate or Family Member	Name the Source of Funds (Ex: current employer, SD Legislature, 401K, benefits, etc.)	Relationship to funds (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Sherry Bea Smith	Regional Health Benefit	Executive Management Contract
Sherry Bea Smith	Regional Health Benefit (Annuity)	Retired Employee
Dennis D. Smith	Reptile Gardens of the BN	Employee
		Filed this 9th day of April 2018

I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.

Sherry Bea Smith  
(Signature)

4-6-18  
(Date)

Shantal Krebs  
SECRETARY OF STATE